LEADERSHIP CAMP

APPLICATION 2011 South Dakota Military Youth Camp

Camp Bob Marshall

25007 Camp Bob Marshall Rd. Custer, SD 57730 18-22 July 2011 (Ages 10-13)

For Camp use only

Check # ______Application Complete _____ Physical ______ Information letter sent _____ Liability Waiver ____





Must be completed and submitted by July 1, 2011 (PLEASE TYPE OR PRINT)

YOUTH NAME:	Nickname			
Address:	City:			
State:Zip:	E-mail Address:			
Home Phone: ()	Male FemaleAg	e (as of July 1 st)		
Date of Birth:				
T-shirt size (adult): S M L	XL (circle) First time camper: Yes N	o (circle)		
PARENT(S) GUARDIAN NA	AME:			
Phone #: Daytime: ()	Evening: ()			
Cell #: ()	E-mail:			
Military Member Informatio	n:			
Name:	Rank: Currently Deploye	d: Yes No		
Branch/Unit:	Relationship to camper:			
Your return packet is due by Jul 1. Application: Please mak 2. Registration Fee: \$60.00	e sure application is filled out completely and sign Camper registration fee payable to SD/OMK Mil Junior Counselors registration fee mend bringing no more than \$15 for Youth Camp at Street, Bldg 509	ned where indicated. itary Camps spending money		
*I grant permission to the South Dakota Milita *I give my permission for the release of my cl the purpose of future communications. It wi promotion of the South Dakota National Gua *I hereby waive any claim against the South I Guard Family Program and/or Youth Program	rdian of the child listed on this application. ary Youth Camp to approve emergency medical treatment for mild's name, address, and phone number to be provided to fellow all not be sold or distributed for any other use. Any photos or visurd and/or Operation Military Kids. Dakota National Guard, the Department of Military Affairs, the mand contract employees, Operation Military Kids, the State of ich may arise in connection with the participation of the below	w campers and staff for ideos may be used for the South Dakota National of South Dakota, or the		
(Child's name)	(Parent / Guardian) Signature	Date		

Junior Counselor Application (ages 14-17)

2011 South Dakota Military

<u>Youth Camp</u>

Camp Bob Marshall

18-22 July 2011

If you are applying to be a Junior Counselor, please complete the youth camp application, as well as the following:

Position Description:	SD Military Youth Camp Junior Counselor
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Purpose: This is a volunteer position. The junior counselor will be responsible for assisting the camp counselors in implementing activities for five days of summer educational and recreational programming in a camp setting under the leadership of the Camp Director, the State Youth Specialist, and OMK.

Camp Description: The five days of educational and recreational programming will involve 100 or more 10 to 13-year-old youth throughout the state of South Dakota. The youth eligible to attend camp are those who are children, grandchildren, siblings or legal dependants of South Dakota Military members and retirees. The camp program will promote respect, friendship, leadership, teamwork, military customs and courtesies, as well as building self-esteem and self-confidence.

Responsibilities:

Name:

- Attend any camp training and meetings as requested. Junior Counselors will be provided with appropriate training information for camp.
- Be a role model by enforcing, supporting, and following camp rules and policies.
- Assist camp counselors in leading campers in day-to-day camp activities provided in the activities schedule.
- Locate and prepare supplies for each camp activity as requested.
- Must stay at camp during the week.

Junior Counselor Applicant SIGNATURE

- Select and teach campers military cadences, camp songs, and ice-breakers.
- Assist Camp Director and State Youth Specialist by providing feedback about overall camp experience.
- Other duties as assigned.

-	- I have read and t	understand the abo	ve requirements	for a Junior Cou	nselor and agree t	o follow them -

Parent / Guardian SIGNATURE

Date

Please list two adult (non-family) references. By listing these references, you are giving permission for us to contact them regarding your ability to be a junior counselor:

Name.

i tuille.	rune.
Relationship to You:	Relationship to You:
Phone Number:	Phone Number:
Address:	Address:

Have you previously been a junior counselor at Youth Camp?

Have you previously been a junior counselor at any other camps? If so, please describe:

Please tell us about your qualifications as a junior counselor: